U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approv Office of Managei and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

	I/T/04 Through 12/31/09
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name LESLIE T WILEY	Name IBEW LU# 540
	Labor Organization File Number 001-665
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 1576 WESEFIELD AVE SW	Street 1333 NAUE SE, SE
city North CANTON	City massillor
State 0410 ZIP Code +4 44709	State 04:0 ZIP Code + 4 44646
5 Position in labor organization BUSINESS MANAG.	ER / FINANCIAL SECRETARY
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6 Name and address of Employer (including trade name, if any)	7.a Nature of Interest, Transaction, or Income
Name NAL'L Elect. Cont. ABOC.	PlAYED IN ANNUAL
Trade Name, if any DECA	Golf outing
P O Box, Bldg , Room No , if any	7 b Amount.
Street 395 Welf LEdges PARKWAY	bolf outing & mEA! UAINED AT APPROX. 125,00
an AKROW	B 125,00
State 0 # 10 21 ZIP Code +4 44311	
Sign	ature
15. Signature and verification The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the see	ing documents), has been examined by the signatory and is, to the best of the
Signed L. J. Wil	On 3/12/05 (330) 837-4239 Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seaking to represent, or irectly to, or otherwise
8 Name and address of Business (including trade name, if any)	9 Business deals with
Name CANTON Electrical WEIFARE FUND	
Trade Name, if any	a Labor Organization b Trust
P O Box, Bldg , Room No , if any	
Street 33 Fitch BOULEVARD	_ c Employer
an Austintown	
State 0410 ZIP Code + 4 44515	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name CANTON ELECTRICAL WELFARE FIND	APRIARE, HOTEL, AND
Trade Name, if any	DAILY EXPENSE REIMBURSEMENT
P O Box, Bldg , Room No , if any	REIMBURGEMEN
Street 33 FIECH BOULEURES	11 b Approximate dollar value of such dealing
CITY AUSTIN LOWN	12 a Nature of interest held or income received
State 0 # 10 ZIP Code + 4 44515	1/3 of TRUSTEE Education Seminate Expenses
	A service and a
	12 b Amount # 286. 23
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name Eifth Sthird BANK	State Building GRADES folf outing + meal
Trade Name, if any	folf outing the
P O Box, Bidg , Room No , if any	
Street 600 SupERIOR AUE, E,	
City c/EUE/And	
State 0H10 ZIP Code + 4 44/14	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment. VALUED AT APPROX. \$100.00

Name of Person Filing LES/18 T. Wiley	File Number U-
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents of is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seaking to represent, or firectly to, or otherwise
8 Name and address of Business (including trade name, if any)	9 Business deals with
Name IBEW LU 540 PENSION FUND Trade Name, if any PO Box, Bidg, Room No, if any Street 33 Fitch Boulevard City Austintown State Ohio ZIP Code +4 44513	a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name IBEW LU 540 PENSION FUND	APRIARE, HOTEL AND
Trade Name, if any	PRÉPARE, HOTEL AND DAILY EXPENSE REIMBURGEMENT
P O Box, Bldg , Room No , if any	REIMBURGEMENT
Street 33 Fitch Bouleuned.	11 b Approximate dollar value of such dealing
CIN AUSTRATOWN	12 a Nature of interest held or income received
at the contract of the contrac	¥

State Ohio	ZIP Code +4 44515	1/3 of E	N SEMINAR
		EXPENSE	Seminoral services
		12 b Amount	1286,23
	loyer (other than an employer covered ur sultant to an employer any payment of mon		

or from any tabor relations consultant to an employer any payment of m	ney or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 à Nature of payment.
Name	
Trade Name, if any	
PO Box, Bldg., Room No , if any	**************************************
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14 b Amount of payment.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	_
Name		
Trade Name, # any		
P O Box, Bidg , Room No , if any		
Street		
City		
State ZIP Code + 4		
13 b. is the Business an Employer or Consultant ?	14 b Amount of payment.	

Name of Person Filling LE51, E T. Wiley	File Number U-
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or Sirectly to, or otherwise
8 Name and address of Business (including trade name, if any) Name Aultcace Trade Name, if any PO Box, Bldg, Room No, if any Street 2600 — 646 54, ww City Cantow State Office ZIP Code+4 44706	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name CAUTON Electrical WEISACE Fund Trade Name, if any	11 a Nature of such dealing Golf Outing & MEA!
Street 33 Fitch Boulsuard	11 b Approximate dollar value of such dealing
State Ohio ZIP Code +4 44515	12 a Nature of interest held or income received Played in Annual folf Outing
C Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	or other thing of value 14 a Nature of payment.
(including trade name, if any).	And the state of t
Trade Name, if any	

14 b Amount of payment.

13 b. Is the Business an Employer

ZIP Code + 4

or Consultant

7

Street

City

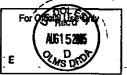
State

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Through 72 31 / 04 In number and address of labor organization BRUTHERHOW OF LOCOMUTIVE ENGMENTS Anization File Number 035 582 Building and Room Number, if any Suite 200 PARLLOND SPATTON PLAZA ILKSULLE WILL YORL ZIP Code +4 [1180] Through 72 31 / 04 Through
Prumber and address of labor organization Bruther Rhow of Locardine Engment) anization File Number 035582 Building and Room Number, if any Suite 200 Pallawa Smith Road ICKSULLE Sulle Since Si
BRUTHERHOW OF LOCOMOTIVE ENGMENTS anization File Number 035 582 Building and Room Number, If any Sylte 200 P9 RAILLOND SMITON PLAZA ILKSVILLE Welley or Indirectly had any of the following Interests in the Instructions). The or other economic benefit of
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hild directly or indirectly had any of the following Interests in the Instructions).
hild directly or indirectly had any of the following Interests in the Instructions).
f Interest, Transaction, or Income
report
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- Author
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Date

Telephone humber